	/EL EX	PENSE CLAIN	Л				nd Privac				D		_	/	
CLAIMANT'S NAME						Int on Reverse Side SSAN OR EMPLOYEE NUMBER DEPARTM					Page 1 of 1				
Barbara Kaufman										Office	e of Governor, San Francisco				
POSITION CB/ID NUMBER						DIVISION OR BUREAU					INDEX NUMBER				
Director RESIDENCE ADDRESS															
NEGIDENCE ADDRESS							TERS ADDRES				TELEPHONE NUMBER				
CITY		STATE		ZIP		455 Go	lden Gate	Ave., S	uite 14,0	00 STATE					
1	3					San Fra	ncisco		CA	SIAIL			ZIP		
	T ===	T			MEALS	Touri Tru	T	Г					94102		
мор	THINKAR)	LOCATION			MEALS		1		TRANSPORT				-		
\	110	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	1	E CAR USE	BUSINESS	TOTAL	
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT	EXPENSE	EXPENSE	
05-Jan		San Francisco								/				FOR DAY	
03-3811	<del>                                     </del>	San Francisco								25.00		0.00		25.0	
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	CLAIM	TOTAL											\$25.	00	
PURPOS	E OF TR	IP, REMARKS AND	DETAILS	(Attach re	ceipts wh	en require	ed)				NORMALIA	VORK HOUF		00	
		e Banquet, BK ma				(2.5%)	W.				NOTANAL VI	TORK HOUR	15		
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		3								- 1	5ZGU718	CHICLE LIC	ENSE NUI	NBER	
										- 1		RATE CLAIM			
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HEREBY C	ERTIFY, Th	at the above is a true state	ment of the tra	avel expenses	incurred by	me in accord	fance with DP	A rules in th	o sonuo of th	no Class - C	AGLING			-FICE	
		owned vehicle was used an										USE O			
		med, and that I have met th								ual to or	PAID BY R	REVOLVING FUN	ND CHECK NU	MBER	
		ty and seat belt usage						5, 55 and 0/	<i>-</i>		2	441	187	16	
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STD 262 (REV				Stateme		PLOYEE NU			DEPARTM	Page	9 1	of	1
Barbara K	aufman	DOMN ON E	WELO LEE NO	WBER		MENT							
POSITION CB/ID NUMBER						R BUREAU			e of Governor, San Francisco				
Director											INDEX NOM	BEK	
RESIDENCE ADD	DRESS				HEADQUAR	TERS ADDRE	SS				TELEPHONE	F NUMBER	
						455 Golden Gate Ave., Suite 14,000						2 NOMBER	
CITY	STATE		ZIP		CITY	reen Gun	0 1110., 0	une 14,0	STATE			ZIP	
<u> </u>					San Francisco CA		CA	A			94102		
MEAI								TRANSPORTATION				74102	<del></del>
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DATE	TIME WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR D
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***********										0.5			
										AGENC	Y ACCOU	NTING O	FFICE
	FY, That the above is a true state										USE O	NLY	
	vately owned vehicle was used ar								ual to or	PAID BY F	REVOLVING FU	ND CHECK NU	JMBER
	ate claimed, and that I have met th	ne requirement	s as prescrib	ed by SAM	Sections 0750	0, 0751,0752,	0753 and 07	754			115	199	1-
	cle safety and seat belt usage.			ATE /						0	40	[]	9
AIMANT'S 3NA	ATURE		D <sub>1</sub>	3// 3//	10	SIGNATURE O	F OFFICER A	PPROVING T	RAVEL AND	T	D	4/27	//0
GNATURE OF TIT	LE OF AUTHORITY FOR	ENSES		-//			-					100	1'
							_				D	ATE /	1
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I KAVEL EXPENSE CLAIM